

NOTICE DATE: June 19, 2022
CASE NAME: Four Five Six
CASE NUMBER: L654321
WORKER NAME: Worker Name
WORKER ID: 1234567890
TELEPHONE NUMBER: (866) 613-3777
CUSTOMER ID: 9876543210

TEST
USE
ONLY

**NOTICE OF ACTION
MEDI-CAL APPROVAL**

Name Test
123 ABC DRIVE
LOS ANGELES, CA 90005-2043

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

Your application for Medi-Cal Retroactive Program dated 03/25/2022 is approved.

Name Nametwo Three

You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in 04/2022 because you are 26 through 49 years of age and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get, or may have already received, other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for 04/2022.

If you have proof of your citizenship and immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.

California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50501, 50601, 50653, 50701, 50731, WIC 14007.8 is the Regulation or law we relied

Rules: These rules apply; you may review them at your local welfare office: California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50501, 50601, 50653, 50701, 50731, WIC 14007.8

Report Month	04/2022
Gross Income	\$0.00
Net Non-Exempt Income	\$0.00
Maintenance Need	- \$0.00
Share of Cost	\$240.00

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing check below:

Yes, lower or stop: Cash Aid CalFresh Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: This action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give you hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

Appeals & Hearing Section
P.O. Box 18890
Los Angeles, CA 90018

Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, **1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

Legal Aid Foundation of Los Angeles (LAFLA)
(800) 399-4529

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of LOS ANGELES County about my:

- Cash Aid CalFresh Medi-Cal
 Other (List) _____

Here's Why: _____

- If you need more space, check here and add a page.
 I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED _____
BIRTH DATE _____ PHONE NUMBER _____
STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____
NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME _____ PHONE NUMBER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

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WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

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on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.

Do you have any changes?

Over the next year, you must report any life changes that affect your eligibility for Medi-Cal. You must report within **10** days after the change happened. For example, you must contact us if:

- Your income changes.
- Your household changes, such as you marry, divorce, become pregnant, or have or adopt a child; a person moves into or out of your home; or you change who will be on your tax return.
- You qualify for other health insurance.
- You move. If you move to a new county, you can report your change to your old or new county.
- Your property changes.

You may report changes to your local county office in person or by mail, fax, phone, or electronically. The contact information is on the first page of this notice.

DO NOT
DISTRIBUTE